CONDOMINIUM ASSOCIATION INFORMATION UPDATE FORM

All information provided is public information. Changes are to be made by an officer of the condominium association. Please use a typewriter or print legibly in black ink.

Submit completed form to: DCCA.- P&VLD Real Estate Commission

335 Merchant Street, Room 333 Honolulu, HI 96813

Name of Condominium Association: HUELAK	H ADAD	# 4271	
The information provided on this form is current as of $\frac{10/22/14}{2}$ and replaces the information previously provided to the Real Estate Commission ("Commission").			
Please indicate the change being reported:			·
Names and positions of the officers of the association (President, Secretary and 1	reasurer required):	
Designated officer of the association who can be contained.	cted directly:		
Name: DON THEUNE		SIDERT	<u> </u>
· Officer's Public Address: 91-224 J.U	KINI PL. #13	EDE BE	ACH, #196706
Management status: (Check ONE only and fill in corres	sponding information)	ESS :	
Self-managed by the Association of Unit Own			
Name of manager:		<u> </u>	3 5 5
· Title:	Telephone No.:		y i
Managed by Condominium Managing Agent	·		ering i Vijakus
Name:		RB Lic. No.:	
Contact Person:		Title:	· ·
Address:	Telephone No.:		
Contact designation (individual) to receive all AOUO co Commission: (if different from above)	rrespondence (except bulle	etins) and telephone	e calls from the
Name:		Title:	<u>.</u>
Mailing Address:	ss:Telephone No.:		
Individual responsible for policy to provide reasonable a	access to persons authorize	ed to serve civil pro	cess:
Name:	*		
I certify that I am authorized to sign this form on behalf provided is true and correct.			
Signature of association officer, develope	er or 100% sole owner of co	ondominium project	
Donald W. Theun	! <u>e</u>	10/25/	2014
Check one only: President Vice - President Secretary T Developer or Developer's Agent registering for unorgan 100% Sole Owner of Condominium Project	reasurer ized association		